UNFPA
United Nations Population Fund

POPULATION

VOL.17 NO.7 JULY 1991

A first for Albania

ALBANIA IS THE FIRST European country to have a comprehensive, UNFPA-assisted population programme. The five-year US$ 3 million programme was approved last month by UNFPA's Governing Council.

The programme sets out to raise to 10 per cent the proportion of Albanian women who use a modern contraceptive, from less than one per cent currently. The idea is to reduce by 30 per cent the rate at which Albanian women die from causes related to pregnancy and childbirth.

The programme will also assist the government in analysing data from the 1989 census, improving the teaching of demography at the country's sole university, and provide equipment and training to the Albanian Women's Union. The women's union educates mothers about birth-spacing.

Lack of access to contraceptive methods and family planning counselling are widely considered to be the leading causes of maternal deaths. With few contraceptives available, many Albanian women had illegal, often fatal abortions.

A 1989 UNFPA mission to Albania put the maternal mortality rate at 25 per 100,000 live births. Daniel Pierotti of the World Health Organization's Europe office says maternity is now believed to claim the lives of 57 Albanian women for every 100,000 live births. He blames half of these deaths on illegal abortions, which government officials acknowledge occur more frequently than official figures indicate.

Albanian politics are at a crossroads, making it difficult to predict the course of policy and legislation. Nevertheless, Dr. Pierotti, who took part in the 1989 mission, says he expects that by 1993 a variety of contraceptives will be available at pharmacies throughout the country.

Pierotti says he is "very positive" about what Albania can achieve, because "it is a very small, united country, and the women are not as sheltered as in Albanian communities in other countries."

According to the 1989 UNFPA report, an equal proportion of girls and boys are enrolled in primary and secondary school—90 per cent. In some specialized fields of higher education, female enrolment exceeds 50 per cent. Women account for 70 per cent of Albania's qualified pharmacists. In all, they make up half the workforce, and more than half of those working in agriculture, according to government statistics.

Pamela Pine

A crèche in Elbasan, Albania

Albania has what the 1989 report terms a "well-defined population policy in three sectors: maternal and child health; demographic data collection and analysis; and women, population, and development."

"Family planning is accepted only for health reasons, although the government has expressed concern about the increase of population," the report adds.

Depending on what policies the government adopts, the number of Albanians could differ by about one million—almost one-third the country's current population of 3.2 million—by the year 2025. The United Nations "low," "medium," and "high" projections see a population of 4.6, 5, and 5.4 million by 2025, respectively. The population grew by 2.02 per cent per year in the late 1980s, the fastest rate in Europe, the 1989 census found.

UNFPA became the first international population agency to assist the Albanian government in 1986, when it helped establish the National Institute of Paediatrics. Programmers say they expect the Albania programme to lead the way for comprehensive programmes in other Central and Eastern European countries. □

India tops UNFPA programmes

INDIA NOW HAS the largest UNFPA-supported population programme in the world. The Fund's Governing Council last month approved a US$ 90 million five-year programme of assistance.

US$ 70 million of the total allocation will come from UNFPA's regular budget; the rest is to be sought from other sources, including multi-bilateral funding arrangements. The Fund's third programme in India provided US$ 63.8 million for the five years 1985-89.

Approval of the programme comes as New Delhi seems poised to establish a national population commission, and to redirect its approach to population programming in favour of stimulating demand for family planning services.

National population programmers are "absolutely committed to making the people at the community level the engine of the programme," says UNFPA Country Director Tevia Abrams. "Which means that for the first time in the history of the programme, the effort is going to centre on getting people and NGOs [non-governmental organizations] involved."

In the past, Abrams explains, "programme resources were put into services on a top-down basis, but demand has not been generated to meet what limited supply there was." The new approach, he says, will let demand dictate supply.

To be effective, however, "the programme needs to be as up-to-the-minute as it can be," he adds. To help ensure the programme's responsiveness, he says, the national authorities and UNFPA are gearing up to:

- establish an effective, action-oriented population commission;
- create a "para-governmental apex body to encourage NGOs to get involved, to guide them, and to provide them with technical and administrative assistance"; and
- provide "a direct channel of assistance to those who need it, bypassing the government structure."

Abrams explains: "Money was made available to NGOs in the past, but they were loth to take it because of the bureaucratic strings attached. The government knows this, and the NGOs know this."

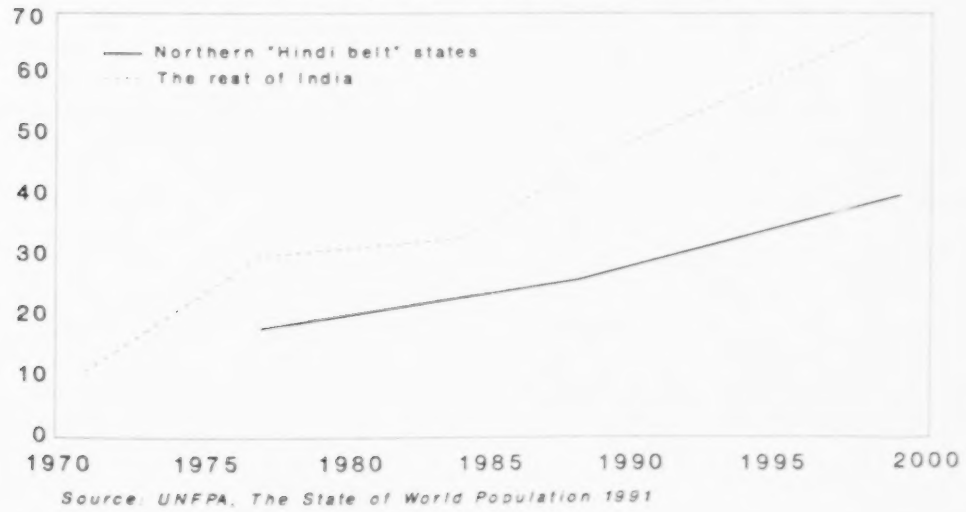
Why all the changes? Says Abrams: "The Union Planning Commission know where the programme has gone, they have refined their strategies, and they now feel the refinements alone are not enough." The Union Planning Commission draws up India's development plans.

Other changes include a bid to improve service delivery in lagging regions such as the northern "Hindi belt" states of Bihar, Haryana, Madhya Pradesh, and Uttar Pradesh.

The new programme seeks to consolidate gains made in population education, particularly for out-of-school youths 14 years and older, for example through the "open school" system, in which youngsters take classes by correspondence. It also commits UNFPA to enhancing women's status by improving female literacy and promoting employment opportunities and income-generating activities.

The programme is based on the findings of the UNFPA Programme Review and Strategy Development mission that visited the country last August; it found high rates of contraceptive use in the south, especially in Kerala state, which has India's highest female literacy rates and low birth, infant mortality, and maternal mortality rates. By contrast, contraceptive use and female literacy are much lower, and maternal and child deaths more common, in the north. □

Contraceptive prevalence in India



Source: UNFPA, The State of World Population 1991

Full coverage of the 38th session of UNFPA's Governing Council will appear in next month's issue of *Population*.

To our readers

In keeping with UNFPA's decision to use only recycled paper at headquarters, *Population* will, henceforth, be printed on recycled paper.

To mark the change, we have added some colour to our pages.

Our intention is to provide a more attractive publication—aesthetically as well as environmentally. We hope you will approve.

Hirofumi Ando, Editor-in-Chief

Women workers wage fight for maternal, child health

WHEN 12 SELF-EMPLOYED women died during pregnancy or childbirth in the Indian state of Gujrat, their trade union approached life insurance corporations with a proposal for maternity health coverage. The companies turned them down.

In a letter to the union, one company said it refused because "women are not a profitable proposition," says Ela Bhatt, general secretary and co-founder of the Self-Employed Women's Association (SEWA).

The rejections spurred SEWA, which also operates a bank exclusively for hawkers, *bidi* or cigarillo makers, and other self-employed women, to set up its own maternity benefits scheme. Family planning is an "integral part" of the scheme, Bhatt says.

The women pitched in a day's earnings to a fund which reimbursed members for income lost during pregnancy. Today, 64,000 women belong to the scheme, which the Gujrat state government copied in 1985 for all landless agricultural workers.

Bhatt explains: From the beginning, the women were concerned with maternal health and infant mortality. They set up crèches, basic maternal health facilities, and referral services. Then their attention turned to clean water and adequate nutrition.

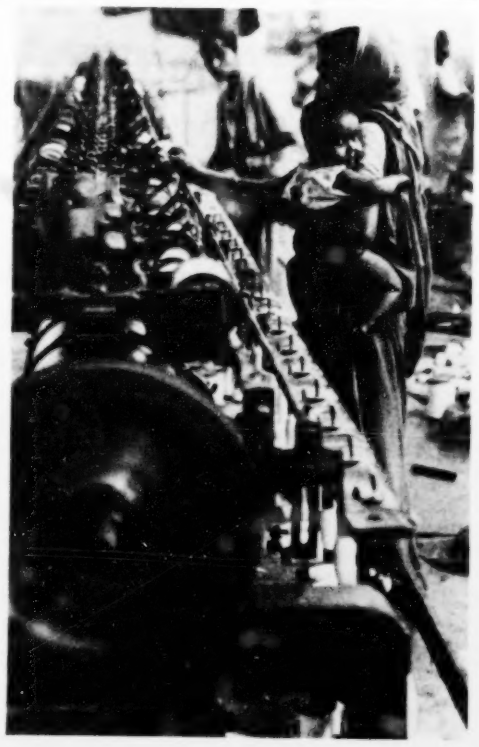
Before long, it became apparent to the women that delaying the age at which they got married, and educating girls about their reproductive system and the health effects of early and frequent pregnancies were essential to the drive to improve maternal and child health.

SEWA now teaches young girls about reproductive health. In turn, Bhatt says, "the girl teaches her husband who, poor thing, is also new [to marriage] and has no idea of these things."

In one district, SEWA is helping traditional birth attendants known as *dais* to establish a co-operative. The next step, she says, will be to enrol them in population education.

Bhatt says the union is also lobbying for national political recognition of and legal protection for home-based workers, who are not covered by minimum-wage and other labour legislation. She says she hopes India's latest UNFPA-supported census will make the struggle a little easier. The national headcount tried, for the first time, to measure self-employed women's contributions to the country's economy.

Bhatt spoke with *Population* correspondent Abid Aslam in New York last month. □



United Nations

Indian textile worker and child.

Female genital mutilation brings death, ill-health, mental disorder

MORE THAN 100 MILLION women and girls alive today have been subjected to the pain and horror of female genital mutilation, sometimes called "female circumcision," according to the International Planned Parenthood Federation (IPPF). Countless others have died.

"The mutilation can range from a cut in the foreskin of the clitoris to a complete removal of the clitoris and labia, followed by the stitching up of the vulva to leave just a small opening for urine and menstrual flow," says Malika Ladjali of IPPF.

"It takes several people to hold a girl down, legs apart, while an untrained old village woman or blacksmith uses a razor blade, knife, or glass to make the cuts. No anaesthetic is used," says Dr. Ladjali, an eye witness. Women are usually circumcised between one week old and adolescence, IPPF says.

Experts say the immediate health risks include severe haemorrhage, tetanus, septicaemia, and death. In the long term, pelvic and urinary tract infection and psychological trauma are common, sex can be painful, and childbirth difficult.

Female genital mutilation is most common in sub-Saharan Africa, the Arab world, Indonesia, Malaysia, and among migrant populations in Australia, Europe, and the United States, according to IPPF. The practice is seen as maintaining "cleanliness" or virginity, discouraging promiscuity, or improving fertility. These motives "have no scientific, logical, or religious basis," IPPF says.

Sudan hosted the first international conference on female circumcision in 1979. The World Health Organization (WHO) in 1982 urged health professionals not to perform female circumcisions. Two years later, the Inter-Africa Committee on Traditional Practices Affecting the Health of Women and Children (IAC) was born at a pan-African seminar in Dakar, Senegal.

UNFPA was one of the sponsors of the seminar, and continues to support IAC projects to inform and educate women, men, civic and national leaders, policy makers, and health-care providers. A number of African heads of state have publicly supported the campaign. Last year, the Organization of African Unity condemned all traditional practices harmful to children.

Despite encouraging signs, abolitionists note the issue is still shrouded in semantic sensitivities: Some call it female genital mutilation, some refer to it obliquely as female circumcision, and others misleadingly call it a "traditional health practice" or "service."

IAC President Berhane Ras-Work says education is the key: "We target women first for they have to realize the importance of their own health. In many African countries, women don't consider their health as important because they work and die taking care of others. Most women think that pain is part of their life. We have to convince them that life without pain is possible."

Cicumcisors can be educated. Tshai Degefa, a former female circumcisor from Selala, northern Ethiopia, tells her own story: "I've been circumcising girls for 20 years. I was a woman with luck, nobody died from my hands, in fact I was called the lucky lady. Now I have trained and I know all the harm female circumcision does . . . I will never, never, never do it again." □

IPPF's International Medical Advisory Panel is developing a statement which advocates eradication, and has produced a brochure on the subject in Arabic, English, and French. For more information, contact: IPPF, Regents College, Inner Circle, Regents Park, London NW1 4NS, UK.

Maternal deaths: How many and why?

WORK IS NEAR completion on a project aimed at shedding light on the extent and causes of women's deaths and serious illness tied to pregnancy and childbirth.

The project, "Prevention of Maternal Mortality and Morbidity," was initiated by the World Health Organization (WHO) and UNFPA in 1988, because no one knew exactly how many women died or fell seriously ill each year as a result of becoming pregnant.

This ignorance, programmers say, threatened to thwart efforts to reduce the number of women whose lives are lost, and those whose health is broken, by child-bearing.

Today, WHO estimates that at least 500,000 women worldwide die from pregnancy and childbirth complications.

But most who die are poor and live in remote areas. Their deaths are rarely recorded. Even when they are, the cause of death is usually not given. The real number of deaths could be much higher than the WHO estimate, experts concede.

The WHO-UNFPA project consists of a series of epidemiological studies of maternal mortality and morbidity, and assessments of the maternal health and family planning services needed to prevent the deaths and illness.

Beyond filling gaps in knowledge and understanding, the project's objectives call for improvements in maternal health programme planning in at least 20 countries.

In the process, the four-year, US$ 1.6 million project is helping participating countries to establish data collection systems to keep better track of these and similar health problems and needs, senior WHO staffers report.

Studies are scheduled for completion by year-end in Algeria, Bangladesh, Bhutan, Brazil, Central African Republic, China, Colombia, Ecuador, Egypt, Guatemala, Guinea, India, Ivory Coast, Jordan, Laos, Malawi, Mali, Mexico, Mozambique, Nigeria, Pakistan, Philippines, Senegal, Tanzania, Tunisia, and Uganda.

UNICEF/Jorgen Schytte

Precious few: A birth attended by trained personnel.

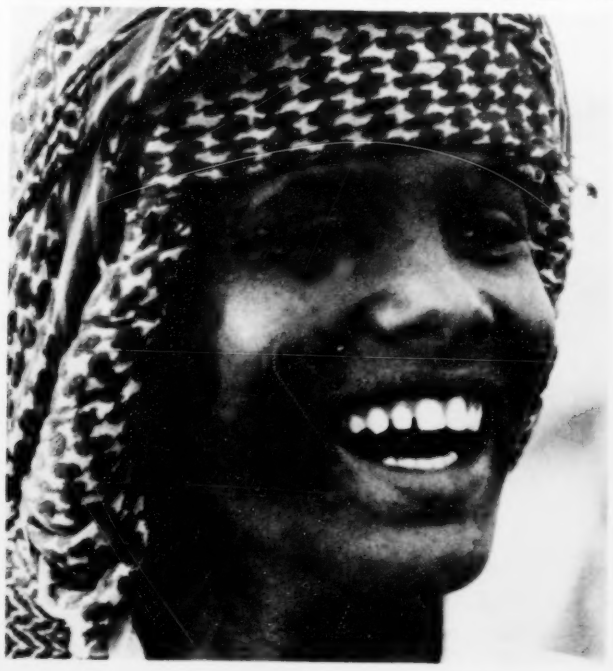
For women in some of these countries, the average lifetime risk of dying of a pregnancy-related cause is 200 times greater than the risk for women in industrialized countries, WHO says.

The direct causes of death and illness are medical, but "indirect" causes are prominent among the killers. These include poverty, unregulated fertility, and cultural values which accord women less value than livestock.

Turning their attention specifically to fertility and family planning, WHO experts say survey results indicate a woman runs less risk of pregnancy-related death and illness if she refrains from starting a family until she is at least 20 years old; has no more than four children; has birth intervals of at least two years; and does not have children after the age of 35.

Programmers are quick to point out, however, that these conditions cannot be met without adequate public awareness, a social and cultural climate in which women and men can choose to limit their fertility—and unless they can get the family planning services they want and need. □

Information for action: Pan-Arab project a quiet success



UNICEF/Maria Antonietta Peru

Boy in Sudan, one of the PAPCHILD countries.

CURRENT, RELIABLE, AND comprehensive data, on which policy-making and programming hinge, are hard to find in many developing countries. Team efforts to establish systems which can provide and constantly update such data are yet more rare.

A project aimed at enabling Arab countries to overcome these problems began quietly in 1987. It is now being cited by various United Nations bodies as a model for co-operation and co-ordination among UN agencies, governments, and non-governmental organizations (NGOs).

The project is PAPCHILD, the Pan-Arab Project for Child Development: a child and maternal health survey of 13 Arab countries, six of them classified by the League of Arab States as priority countries.

The survey is intended to provide current and detailed information on the biological, demographic, social, economic, and environmental variables that affect the health of mothers and children. It therefore casts a wide net, covering aspects of life such as household structure and composition, living conditions, maternal care and maternity history, child care, family planning, and community characteristics such as sanitation. Data and policy studies based on the findings are intended to help countries formulate, implement, monitor, and evaluate maternal and child health policies and programmes cost-effectively.

Mauritania was the first country to be surveyed. It is, in United Nations parlance, a "least developed country"; its government has had virtually no experience of such comprehensive data collection, nor of computer-assisted statistical analysis. Yet, preliminary results of the PAPCHILD survey were made available within two months of the completion of field work.

"The work was done by Mauritanians themselves," Abdul-Muneim Abu-Nuwar, a UNFPA statistician and member of PAPCHILD's Technical and Co-ordinating Committee, said. "They now know how to design and select a survey, how to use state-of-the-art technology, and how to analyse and apply survey findings. They've done it cost-effectively and in record time."

Preliminary data for Egypt, the second country to be surveyed, were presented in roughly the same time, Abu-Nuwar said.

The cost-effectiveness of such surveys is calculated by dividing their overall cost by the number of case studies, or individuals, covered. Observers say PAPCHILD's cost-effectiveness compares "very favourably" with exercises such as the World Fertility Survey, conducted in the 1970s when overall costs were generally lower.

Praise for PAPCHILD as a "model" of collaboration has come from the United Nations Statistical Commission and the UN Administrative Committee on Co-ordination's statistical subcommittee.

The project pools the resources of participating governments, the League of Arab States, the Arab Gulf Programme for the United Nations Development Organizations (AGFUND), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Statistical Office, the UN Department of Technical Co-operation for Development, the Economic and Social Council for Western Asia, the Economic Commission for Africa, local and international NGOs, and research centres. It is administered by UNFPA and executed by the League of Arab States. A team of specialists is based at the Arab League's Population Research Unit in Cairo.

As the project progresses, a growing number of outfits are joining in, according to Abu-Nuwar. Recent examples include the International Statistical Institute and the United States-based NGO Demographic and Health Survey.

As if to underline Abu-Nuwar's assertion that inter-agency collaboration was "very close," his interview with *Population* was interrupted three times by telephone calls from his counterpart at UNICEF.

PAPCHILD's origins lie in WHO's "Health For All By the Year 2000" initiative, in light of which the Councils of Arab Health Ministers and Arab Labour and Social Affairs Ministers decided to give human resource development top priority, after national security. Prince Talal Bin Abdul Aziz, president of AGFUND, and UNFPA Executive Director Nafis Sadik were among those who welcomed the ministers' resolutions, and who advised them that two things would be needed to monitor progress toward achieving these goals: a baseline survey to establish existing conditions, and "top-notch" data systems, as Abu-Nuwar called them.

In addition to Mauritania and Egypt, the survey will ultimately cover Algeria, Djibouti, Jordan, Lebanon, Libya, Morocco, Somalia, Sudan, Syria, Tunisia, and Yemen. Data collection is under way in Yemen; surveys are being prepared in Algeria and Syria. The Gulf countries are being covered by the Gulf Survey, a twin project.

The usefulness of data collected and analysed by the project goes beyond maternal and child health and family planning, according to Abu-Nuwar: The survey is also turning up information on employment, the environment, the role and status of women, and other aspects of life in these countries, thereby fuelling research and policy-making in these fields.

Looking to the future, Abu-Nuwar said he saw similar projects being set up elsewhere. Already, PAPCHILD's by-products include a series of training manuals and technical papers intended to help other countries set up and execute similar projects. The publications are designed to be easily adaptable to specific country situations and information needs, and are supported by computer software. They are being translated from Arabic into English and French, and used in other parts of the world. □

Family planning a casualty of Gulf War?

"POPULATION, HEALTH, and family planning programmes in the Arab region look as if they may be among the casualties resulting from the Gulf War," according to Hamouda Hanafis, director of the Arab World Regional Bureau of the International Planned Parenthood Federation (IPPF).

"The scarcity of resources for family planning is . . . likely to worsen in some countries as priority is given to emergency care and curative services. The level of health, nutrition, and education for countless numbers of families and children could be disastrous, not only in Iraq but also in Jordan, which has seen its refugee population explode," Dr. Hanafis says. "In other countries, hundreds of thousands of workers are now jobless as a result of fleeing or being expelled from Iraq, Kuwait, Saudi Arabia, and other states."

But, she says, the acute problems visited upon the region may convince these countries of the importance of population issues.

Hanafis offers her views in a recent issue of the IPPF magazine, *People*.

"The trauma of war will not be easily forgotten," she says, "and the impact on people's attitudes will be profound. For some countries, in particular, there will be a call for 'replacing the dead,' while for many others there is a likelihood of a return to the concept of safety in numbers."

She explains: "The pro-natalist policy of the state of Israel, the massive influx of emigrants and the new settlements in the occupied territories and Jerusalem do not reassure most neighbouring countries about the wisdom of reducing their rate of population growth."

She adds that there is a very real danger of a resurgence in religious and political objection to family planning as "Western" or "imperialist."

Another factor is international aid, she says: "International assistance to the Arab world will probably increase but its distribution may be dictated by the current position that each Arab country has taken in this war. . . . Assistance to the region, particularly bilateral, may become even more conditioned by donor interest and political aims."

There may be a silver lining: The conflict may also have brought these problems into sharper focus, and may therefore "convince most of the countries involved of the importance of a comprehensive look at population in the region and the need for a co-ordinated policy among Arab nations to govern migration." □

People, *Vol.18 No.2, 1991. Available from: IPPF Distribution Unit, Regents College, Inner Circle, Regents Park, London NW1 4NS, UK.*

UN/John Isaac

Kurdish refugees flee their homes in Iraq.

In Panama, boring lectures are out

THE POINT OF population education is to bring about a change in attitudes and conduct, not just to provide information. This, according to participants at the recent "First Workshop on Population Education," held in Panama City.

But programmers say that if social and sexual behaviour is to be improved, "old-fashioned" lectures are not going to do the job.

Panama's Vice-Minister for Education, Bolivar Armuelles, says youngsters need self-respect, spiritual values, and ways to cope with social pressure in matters of sexuality. He says this is why population education has been included in schools' curricula despite a shortage of teachers and money, and resistance from some sections of the population.

Eduardo Nino-Moreno, the United Nations resident co-ordinator in Panama, says the Government-UNFPA-UNESCO (United Nations Educational, Scientific and Cultural Organization) population education project "explicitly demanded" by the Panamanian Government aims to contribute to "positive and responsible attitudes toward sexuality, and to prevent pressing social problems" such as teenage pregnancy, child neglect, and child abuse.

The project, initiated in 1987 and retooled last year, aims to incorporate population education in the official curricula of the first through sixth grades of primary school, in secondary schools, and at the colleges where teachers are trained.

UNESCO consultant Lidia Hortensia Lemus explains that curricula developed under the project focus on students as participants in an exchange of knowledge and ideas drawn from a number of academic disciplines. In this scheme, the teacher is no longer a "lecturer" in the traditional sense, and students don't just sit, listen, and scribble notes.

Together, youngsters and teachers discuss topics such as the interrelationship between demographic and socio-economic variables; population problems worldwide and in Panama; population and environment; human sexuality; and family life.

The Panama City workshop, held in April, was attended by project personnel, staffers from the Ministries of Education, Health, and Labour, local non-governmental organizations (NGOs), and the Catholic Church, according to project co-ordinator Cristina Rodriguez. □

UNFPA/Kaan Ba-Maung

Prime Minister Adrien Sibomana of Burundi receiving a population clock from Executive Director Nafis Sadik on 7 June during a visit to UNFPA headquarters.

Foreign aid seen as off course

MOST FOREIGN AID is not going where it should, according to the United Nations Development Programme's *Human Development Report 1991*.

"Only one-twelfth of total Official Development Assistance is earmarked for human priority goals," such as basic education, primary health care, and family planning, the UNDP report says.

Donor countries allow an average of only three-tenths of one per cent of their Gross National Product (GNP) for foreign assistance. Of this amount, less than one-quarter is spent on the social sector and about one-third of that amount goes to "human priority" concerns. The net result, says the report, is that human priority aid amounts to 0.026 per cent of these countries' GNP.

These figures vary markedly from one donor country to another: The Nordic countries devote about eight times as much of their GNP to human priority concerns as does the United States, according to the report.

The report also notes that many developing countries spend only one-tenth of their budgets on human priority goals. It says insufficient political commitment, not insufficient funding, is to blame for the neglect of social investment by rich and poor countries alike.

The report recommends remedies. For example, it says each donor should earmark at least 20 per cent of its assistance for the social sectors, and at least 40 per cent of this allocation for human priority areas. It also recommends setting aid levels not only on the basis of income, population, and poverty, but in response to progress in human development as measured by the Human Development Index (HDI).

A yardstick introduced by UNDP last year, the HDI measures a country's economic and social progress by combining national income with adult literacy and life expectancy. □

NEWS IN BRIEF

ARGENTINA

Argentina's Senate now has a Committee on Population and Development. Chaired by Senator Jorge Solana, the Committee is charged with "express[ing] its opinion about issues related to policies of population and development, migration, statistics and census, human resources, population planning, urban growth, population settlements, and prevention and control of the transformation of territories into deserts," according to the Senate resolution that established it.

SWEDEN

The United Nations Association of Sweden is urging the Swedish government to increase its support of UNFPA. The association is also asking that women's education be prioritized in population assistance. In a statement issued on 5 June, International Environment Day, the association called on the government to act to ensure that population issues are discussed in preparations for the 1992 UN Conference on Environment and Development. It also noted that efforts to reduce the rate at which world population is growing must be accompanied by reduced resource consumption in the industrialized countries. The statement, which was broadcast on Swedish radio and published in the national press, made reference to UNFPA's 1991 State of World Population report.

BARRIER

There is no connection between the use of barrier contraceptives and pre-eclampsia, a condition in which women suffer high blood pressure, swollen ankles, and presence of protein in their urine in the advanced stages of pregnancy, according to a new study by the US National Institutes of Health. The study, reported in the March 1991 issue of *Contraceptive Technology Update*, contradicts an earlier, smaller study which had found a 2.37-fold increase of pre-eclampsia risk in women using barrier methods, which include condoms and the cervical cap.

Nepal's new PM on population

"ABYSMAL" POVERTY IS the common enemy of Nepal's people, and must be stamped out, says Prime Minister Girja Prasad Koirala.

Koirala took office 29 May, after the Nepali Congress Party, which he heads, won a majority of seats in the newly-constituted House of Representatives. King Birendra Bir Bikram Shah Dev administered the oath of office.

In a statement released after he took office, Koirala said mobilizing popular participation in population and environmental programmes would be a "major" priority for the government, UNFPA Country Director Omer Ertur reports from Kathmandu. According to United Nations estimates, Nepal's total fertility rate is 5.5 children per woman aged 15-49.

Koirala committed the government to pursuing "humane and equitable" development, ensuring the right of children to a "decent life," protecting women, and increasing employment opportunities. He also pledged action to bring health facilities within reach of all Nepalese people.

Last month's UNFPA-supported census is expected to count 20 million Nepalese. Census results will be used to redraw the boundaries of parliamentary constituencies. The boundaries have remained unchanged since 1959, when the population was about nine million. Under Nepal's new constitution, parliamentary seats will be distributed on the basis of population density to ensure equality of representation. □

The ingredients of success

What makes a population programme successful? According to *Population Policies and Programmes: Lessons Learned from Two Decades of Experience*, edited by UNFPA Executive Director Nafis Sadik, all successful national population programmes share several common characteristics: First, firm political support by the government. Second, a population plan that provides a framework for action in all the sectors of the national economy. Third, a population plan that complements other development objectives. Fourth, a plan and programme that are culturally acceptable and which allow women and men, communities and non-governmental organizations, to take part alongside the government. Successful population programmes include women as active participants in decisions about fertility, and they address women's productive and other needs. The book, released last month, resulted from a UNFPA review and assessment exercise conducted as part of the Fund's twentieth anniversary in 1989. It is organized in three sections: Programme and Policy Concerns; Regional Perspectives; and Agenda for the Future. Available at a cost of US$ 50.00 (hard cover) from: New York University Press Order Department, 70 Washington Square, New York, NY 10002, USA. □

POPULATION Vol.17 No.7
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Population, the UNFPA monthly newsletter, may be obtained free of charge in English, French, Spanish and Arabic. Opinions expressed do not necessarily reflect the official position of the Fund. Short news items on population activities are cordially invited. These and notices of change of address should be sent to:

Information and External
Relations Division
United Nations Population Fund
220 East 42nd Street
New York, NY 10017 USA
91/17007/E/8200
ISSN 0048-4849

PRINTED ON RECYCLED PAPER